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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/569,332 05/11/2000 PAT 6,595,950 *Yes*** FOREIGN APPLICATIONS ***** *MS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/08/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UT	SHEETS DRAWING 14	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

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TITLE

Apparatus and method for preventing free flow in an infusion line

FILING FEE RECEIVED 643	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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